

Set-Up & Equipment Form

PLEASE PRINT AND FILL IN ALL BLANKS							PERMIT NUMBER:											
Contact Name:									Ph	one:								
Organization/Group:																		
Event Title:																		
Date, Day, and Time:																		
Name of Room:																		
	e upon requ	pardroo	m Style	V/VC	R/DV	/D, α		ad pr	ojecto anquet	or).	1	bles	s and		anque	et Sty		
	If no		he set-	ups s	hown		et you	r nee	ds, ple	ease (lraw	v yo	ur ov	vn aı	rrang	geme	ent.	
Auditorium Style																		
•																		
No. of tables required:																		
No. of chairs required:																		
Additional equipment required:																	.c SUAva	

The City of Sunnyvale encourages persons with disabilities to participate in any of our Parks and Recreation programs. We will make reasonable efforts to accommodate persons with disabilities in accordance with the Americans with Disabilities Act. If you require special accommodations, please contact (408) 730-7751, TDD (408) 730-7501, at least five days in advance of the program or activity. For fee waiver assistance, call (408) 738-4321.

